



Town of Millville
36404 Club House Road
Millville, DE 19967
(T) 302-539-0449 (F) 302-539-0879

APPLICATION FOR BUSINESS LICENSE

****PLEASE COMPLETE AND RETURN EVEN IF NONE OF THE INFORMATION HAS CHANGED OR IF YOU WILL NOT BE RENEWING YOUR LICENSE THIS YEAR****

Has any of the information on record changed? If so, please include the updated information adjacent to the appropriate entry below so that we can update our records. Your assistance is greatly appreciated.

BUSINESS NAME (REQUIRED): _____

NATURE OF BUSINESS: _____

MAILING ADDRESS: _____

PHYSICAL LOCATION OF BUSINESS: _____

BUSINESS PHONE () _____ **BUSINESS FAX** () _____

CONTACT PERSON: Name: _____

Phone: _____ Email: _____

Instructions:

Business licenses run concurrent with the Town's fiscal year (May 1st thru April 30th) and renewals are sent to the mailing address provided.

A Late Fee of \$50.00 per application if payments are received after JUNE 1st.

Please submit the completed Business License Application and a check payable to the TOWN OF MILLVILLE in the amount applicable on this form plus any applicable late fee to:

1. Complete application.
2. **Owner, partner, or officer must sign the application, and a copy of a valid Delaware state business license must be presented to the Town.**
3. All annual licenses are effective May 1 thru April 30
4. FEE: Business License: per Year \$100.00
Business License purchased after Nov 1 50.00
Temporary License (up to 30 consecutive days) 25.00
5. Make checks payable to TOWN OF MILLVILLE
6. Submit completed License Application with payment to the Town of Millville.
7. Renewals are sent each year to the mailing address provided by the applicant.

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****WORKING WITHOUT THE REQUIRED BUSINESS LICENSE IS A VIOLATION OF THE TOWN CODE AND SUBJECT TO PENALTY****

I will comply with the provisions of Chapter 90 of the Town of Millville Code entitled "Licenses" which can be found at millville.delaware.gov. I/WE SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED ON THIS LICENSE RENEWAL APPLICATION IS TRUE AND CORRECT.

Owner/Applicant Signature (REQUIRED): _____ **Date (REQUIRED):** _____

****License will be sent to the mailing address above****

This Section to be completed by Town Official

Received by: _____ Amount: _____ Check No. _____

Dated: _____ Approved by: _____